



IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

In re Application of:

Daniel A. Gamache
David P. Bingaman
Michael A. Kapin

Serial No.: 10/660,152 (Conf. #4949)

Filed: September 11, 2003

For: PDE IV INHIBITORS TO TREAT
ANGIOGENESIS

Group Art Unit: 1617

Examiner: Hui, S.

Atty. Dkt. No.: 1814 US

**AMENDMENT and RESPONSE TO FINAL
OFFICE ACTION DATED FEBRUARY 17, 2005**

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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17 May 2005

Date

Barbara McKenzie

Name

Barbara McKenzie

Sir:

This Amendment is filed in response to the Final Official Action mailed February 17, 2005, for which the three-month date for response is May 17, 2005.

It is believed that no fee is due; however, should any fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason, the Assistant Commissioner is authorized to deduct said fees from Alcon Laboratories Deposit Account No. 01-0682.

Reconsideration of the application is respectfully requested.

There are no **Amendments to the Specification** in this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

There are no **Amendments to the Drawings** in this paper.

Remarks/Arguments begin on page 3 of this paper.

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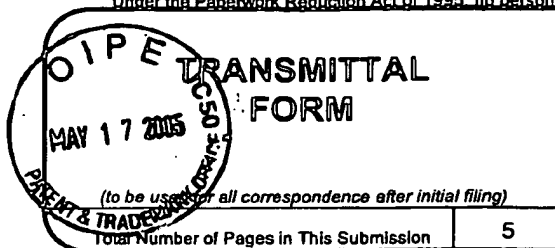
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AF/1617 IFW

PTO/SB/21 (09-04)

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Application Number	10/660,152 (Conf #4949) ✓
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First Named Inventor	Daniel A. GAMACHE et al.
Art Unit	1617
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ENCLOSURES (Check all that apply)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Alcon Research, Ltd.		
Signature	<i>Teresa Schultz</i>		
Printed name	Teresa J. Schultz		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I. AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

Claim 1 (currently amended) A method for treating posterior segment neovascularization which comprises, administering a pharmaceutically effective amount of a selective PDE-IV inhibitor, wherein the selective PDE-IV inhibitor is selected from the group consisting of 2-(4-ethoxycarbonylamino benzyl)-6-(3,4-dimethoxyphenyl)-2,3,4,5-tetrahydro-pyridazin-3-one, 3-[3-(cyclopentyloxy)-4-methoxybenzyl]-6-(ethylamino)-8-isopropyl-3H-purine hydrochloride (~~V-11294A~~), 8-methoxyquinoline-5-[N-(2,5-dichloropyridin-3-yl)]carboxamide (~~D-4418~~), cipamfylline (~~BRL-61063~~), ~~arifo~~ (~~SB-207499~~), and derivatives thereof.

Claim 2 (previously presented) The method of claim 1, wherein the posterior segment neovascularization is age-related macular degeneration.

Claim 3 (previously presented) The method of claim 2, wherein the age-related macular degeneration is exudative age-related macular degeneration.

Claim 4 (previously presented) The method of claim 1, wherein the posterior segment neovascularization is diabetic retinopathy.

Claim 5 (previously presented) The method of claim 4, wherein the diabetic retinopathy is proliferative diabetic retinopathy.

Claim 6 (previously presented) The method of claim 1, wherein the selective PDE-IV inhibitor is administered by oral administration, transdermally, subdermally, intraperitoneally, subcutaneously, transnasally, sublingually, rectally, by topical ocular administration, intravitreally, periocularly, transclerally, retrobulbar administration, sub-tenon injection, or via an intraocular device.